

Application Data Sheet

Application Information

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| Application number:: | |
| Filing Date:: | 04/01/04 |
| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R?:: | None |
| Number of CD disks:: | |
| Number of copies of CDs:: | |
| Sequence submission?:: | |
| Computer Readable Form (CRF)?:: | |
| Number of copies of CRF:: | |
| Title:: | COMBINATION OF AN ALDOSTERONE RECEPTOR ANTAGONIST AND AN ANTI- OBESITY AGENT |
| Attorney Docket Number:: | 161765.00039 |
| Request for Early Publication?:: | NO |
| Request for Non-Publication?:: | NO |
| Suggested Drawing Figure:: | |
| Total Drawing Sheets:: | |
| Small Entity?:: | NO |
| Latin name:: | |
| Variety denomination name:: | |
| Petition included?:: | NO |
| Petition Type:: | |
| Licensed US Govt. Agency:: | |
| Contract or Grant Numbers:: | |

Secrecy Order in Parent Appl.?:: NO

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Eric
Middle Name:: Arthur
Family Name:: Gulve
Name Suffix::
City of Residence:: St. Louis
State or Province of Residence:: MO
Country of Residence:: US
Street of mailing address:: 549 Hollywood Place
City of mailing address:: St. Louis
State or Province of mailing address:: MO
Country of mailing address:: US
Postal or Zip Code of mailing address:: 63110

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Ellen
Middle Name:: Garwitz
Family Name:: McMahon
Name Suffix::
City of Residence:: St. Louis
State or Province of Residence:: MO
Country of Residence:: US
Street of mailing address:: 9154 Park Haven Lane

City of mailing address:: St. Louis
State or Province of mailing address:: MO
Country of mailing address:: US
Postal or Zip Code of mailing address:: 63126

Correspondence Information

Correspondence Customer Number:: 22907

Representative Information

Representative Customer Number:: 22907

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|--------------------|----------------------|----------------------|
| This Application | Non-Provisional of | 60/465,213 | 04/25/03 |
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Foreign Priority Information

| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
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Assignee Information

Assignee name:: Pharmacia Corporation
Street of mailing address:: P.O. Box 1027
City of mailing address:: St. Louis
State or Province of mailing address:: MO
Country of mailing address:: US
Postal or Zip Code of mailing address:: 63006